

**Inadequate**

# Addiction Recovery Centres Limited

## Francis

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-3891791479	Francis		PO4 0AL

This report describes our judgement of the quality of care provided within this core service by Addiction Recovery Centres Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Addiction Recovery Centres Limited and these are brought together to inform our overall judgement of Addiction Recovery Centres Limited.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated Addiction Recovery Centre as Inadequate because:**

- Following its inspection, the Care Quality Commission issued two warning notices due to immediate concerns about the safety of clients using the service. We required the provider to make significant improvements to the safety of the service by 9 November 2018 and to the governance of the service by 21 November 2018. In response to our concerns the provider agreed voluntarily not to take any further admissions until it had made the improvements to address the safety concerns.
- Addiction Recovery Centre did not provide safe residential detoxification for clients that was in line with national guidance and best practice. There were no clinical staff employed by the provider to oversee detoxification and the staff who were supporting clients through detoxifications were not trained or assessed as competent to support them safely. Staff did not use and were not trained to use drug or alcohol detoxification monitoring tools. The only clinical involvement was from the GP who prescribed the initial detoxification regime and had no further involvement unless there was a problem.
- Pre-admission assessments were not robust and staff sought either no or limited health-related information from the clients' GP. Staff did not undertake sufficiently detailed or thorough individual risk assessments of clients. Risk assessments did not indicate what actions staff should take in situations that endangered the clients' health or wellbeing. For a number of clients, the assessments did not include relevant health concerns that should have been considered when planning care.
- Staff did not manage medicines safely. Clients' had no way of keeping their medicines safely in the accommodation. Staff had not undertaken risk assessments of clients who were self-administering medicines. Medicines were not sufficiently labelled on dosage boxes. Two staff members who held keys to the medicines cabinet and administered medicines were not up-to-date with their medicines administration training.
- Staff were not trained to the required standard to help them carry out their role. Staff did not receive training in safeguarding or the Mental Capacity Act. Staff did not consider clients' capacity to make decisions whilst under the influence of alcohol or drugs. Clients told us they could not remember signing consent forms at the start of treatment because they were under the influence of drugs or alcohol. This also included signing for consent to payment. The mental capacity policy did not direct staff to reassess capacity at a more suitable time if clients were under the influence. Policies were not written in line with the Mental Capacity Act.
- Staff had not received up-to-date training in basic life support and were not trained in safeguarding adults at risk or in child protection. Staff had not completed all the training requirements of the provider's induction policy. Not all staff had commenced the diploma level 2 in health and social care or a number of health and safety topics that the policy detailed that they should have completed.
- The provider told us that there had been no serious incidents in the last 12 months. However, we discovered that a serious incident had occurred but this had not been reported to the local safeguarding team or CQC, as required by regulations. It is unclear whether any additional incidents had occurred as staff did not always record or investigate adverse incidents. There was no evidence that staff learned from and changed practice as a result of incidents
- Leaders lacked an understanding of what constituted a safe, good quality residential detoxification and therapy service. They lacked an understanding of what was required to meet CQC regulations in delivering the service.
- The governance arrangements were unclear and did not enable the provider to manage or monitor the quality of the service it delivered. Key information was not discussed at staff meetings and there was no process in place to review key items including; incidents, complaints, safeguarding, training and supervision. There was no framework for reviewing and updating policies and procedures or any record

# Summary of findings

that staff had read and understood policies and procedures the provider did not monitor outcomes or have any indicators to monitor the performance of the service.

- The provider had not made adequate employment checks on staff working for the service. They did not undertake risk assessments for staff who had positive disclosures on their Disclosure and Barring Service certificates. Staff employment files were not well maintained. Contracts, roles, job descriptions and hours of work were not up-to-date.
- The provider was misrepresenting what treatment interventions it was delivering in its documentation and on its website. The provider advertised that it delivered therapies such as cognitive behavioural therapy, dialectical behavioural therapy and transactional analysis. The majority of staff were not trained to deliver such therapies and told us they did not deliver these but they used an approach based on cognitive behaviour therapy.
- The terminology used in one of the client's records was derogatory and offensive. There were inappropriate statements in the service user guide which had caused offence to clients. Staff did not respect clients' privacy. They had looked through client's phones and did not see a problem with doing this. Clients told us they were concerned about having to let staff see their personal mobile phones.
- Complaints were not always recorded and were not responded to with empathy and compassion. We reviewed responses to complaints and found that the language used was judgemental and accusatory.
- The provider had not carried out legionella testing and was not aware of the requirement to do so.

However:

- The environment was clean and tidy and the furnishings were in good order and there were adequate counselling and group therapy rooms. Clients' accommodation was comfortable.
- Leaders of the service and staff described a passion for supporting people to recover. The service had a full complement of staff and no vacancies and staff received regular supervisions and appraisals
- Clients were positive about the interactions they had with staff and their keyworkers. Clients felt involved in their care. Clients felt they could raise concerns if they had any. Staff at the service had recently collected and analysed feedback from clients. Small changes had been made to the service as a result.
- Immediately following the inspection, the provider took the following actions:

sourced and booked staff onto training in the Mental Capacity Act for staff

ordered lockable storage for medicines as soon as we identified concerns about clients not being able to keep their medicines safe

We returned to the provider on 01 November 2018 as the provider informed us that it was going to start admitting clients again. We wanted to check that the provider had made improvements and was able to provide a safe service to clients. We undertook a focused inspection and found a number of improvements. These are summarised in a separate report.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as inadequate because:

- The Care Quality Commission issued a warning notice due to immediate concerns about the safety of clients using the service. We required the provider to make significant improvements to the safety of the service by 9 November 2018.
- Addiction Recovery Centre did not provide safe detoxification and treatment for clients based on national guidance and best practice.
- Staff monitoring clients' detoxifications did not have the training to support them to do this safely. Staff did not have up-to-date training in basic life support or first aid. Detoxification withdrawal tools were not used. There were no clinical staff overseeing detoxification. The only clinical involvement was from the GP who prescribed the initial detoxification regime and had no further involvement unless there was a problem.
- Pre-admission assessments were not robust and staff sought either no or limited health-related information from the clients' GP. Staff did not undertake sufficiently detailed or thorough individual risk assessments of clients. Risk assessments did not indicate what actions staff should take in situations that endangered the client's health or wellbeing. For a number of clients, the assessments did not include relevant health concerns that should have been considered when planning care. Risk assessments of the environment were inaccurate. For example, risk assessments stated that there were no portable electrical appliances belonging to clients in the houses which was inaccurate.
- Medicines management was not safe. Clients had no way of keeping their medicines safely in the accommodation. Clients self-administering medicines did not have risk assessments in place. Medicines were not sufficiently labelled on managed dosage boxes. Two staff members who held keys to the medicines cabinet and administered medicines were not up-to-date with their medicines administration training.
- Staff were not trained to the required standard to help them to carry out their role. Staff did not receive training in safeguarding or Mental Capacity Act and were out of date for their training in basic life support.
- Clients were not adequately safeguarded from abuse. Staff did not understand what constituted a safeguarding incident. Staff

Inadequate



# Summary of findings

had not reported safeguarding incidents that met the threshold to the local safeguarding authority. None of the staff had up-to-date training in safeguarding adults at risk or in child protection.

- Incidents were not always recorded. Incidents were not analysed. There was no evidence of feedback following an incident or any learning.
- Staff did not consider or document whether restrictive practices were necessary and proportionate. Some restrictions were detailed in the clients' handbook and clients sign that they agree this but staff did not review these and there was no plan to reduce restrictions.
- The provider did not have a staff roster in place to manage additional shifts. The service had occasional 'sleep-in' shifts; these were not factored into the staffing contracts or job descriptions. The service relied on good will of staff to agree to a 'sleep in' shift.
- Staff were not checking equipment was fit for purpose. Fridge temperatures in the clinic room were not monitored and first aid boxes were out of date. The defibrillator was missing parts and had not been checked. Staff said they would not use this and would call 999 in an emergency.
- The provider had not carried out legionella testing and was not aware of the requirement to do so.

However:

- The environment was clean and tidy and the furnishings were in good order.
- The service had a full complement of staff and no vacancies.

## Are services effective?

We rated effective as **inadequate** because:

- Clients' care plans were not recovery orientated. There were no care plans relating to medicines management, staff did not refer to the drug misuse and dependence: UK guidelines on clinical management.
- The provider did not follow National Institute for Health and Care Excellence guidance in relation to detoxification or the development of its psychosocial treatment programme and although stated it used a variety of therapies staff were not trained appropriately to deliver these therapies.
- The only clinical involvement in clients' care was done by GPs who worked off site and didn't visit the service. Medicines were prescribed off-site at one of two GP practices.

**Inadequate**



# Summary of findings

- The provider had no system for monitoring and assessing the outcomes for clients.
- Staff did not consider clients' capacity to make decisions whilst under the influence of alcohol or drugs. Clients told us they could not remember signing consent forms at the start of treatment because they were under the influence of drugs or alcohol. The mental capacity policy did not direct staff to reassess capacity at a more suitable time if clients were under the influence. Policies were not written in line with the Mental Capacity Act. Staff were not trained in the Mental Capacity Act.
- The provider was misrepresenting what treatment interventions it could deliver in its documentation and on its website. The provider advertised that it delivered cognitive behavioural therapy, dialectical behavioural therapy and transactional analysis. Staff told us they did not deliver this as they were not trained to but they did deliver an approach which was based on cognitive behaviour therapy.
- Staff were not completing all the requirements of the company induction policy. Not all staff had commenced the diploma level 2 in health and social care or a number of health and safety topics detailed in the policy.
- Staff meetings had no set agenda and were poorly documented. Key information was not discussed at staff meetings to contribute to an effective service.

However:

- All staff were either working towards or had completed the care certificate.
- Staff received regular supervisions and appraisals.
- Following the inspection, the provider told us they would source training in the Mental Capacity Act for staff.

## Are services caring?

We rated caring as inadequate because:

- The service user guide contained derogatory remarks and inappropriate content. This had caused offence to clients and demonstrated a lack of professionalism, empathy and lack of understanding of the impact of how this could make clients feel.
- The terminology used in one of the records was derogatory and offensive to clients.

**Inadequate**





# Summary of findings

- Staff did not respect clients' privacy. They had looked through clients' phones and did not see a problem with doing this. Clients told us they were concerned about having to let staff see their personal mobile phones.
- Clients were concerned that they were required to give consent to treatment, restrictions and payment whilst under the influence of drugs or alcohol.

However:

- Clients were positive about the interactions they had with staff and their keyworkers. Clients felt they could raise concerns if they had any.
- Staff at the service collected feedback from clients and had recently analysed the feedback. As a result, the provider had replaced toilet seats and bought new crockery.

## Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Pre-admission screening was not robust; staff did not actively seek information from the clients GP or take detailed histories so were not always able to fully judge whether clients met the admission criteria.
- Unplanned discharges were not always managed well. There were no management plans for unplanned discharges.
- Complaints were not always recorded and were not responded to with empathy and compassion. The complaint response we reviewed was judgemental and accusatory.
- Leaflets available for clients did not contain information about other local services, advocacy groups or physical or mental health conditions.

However:

- There were adequate counselling and group therapy rooms in the service and the accommodation was comfortable.
- Staff ran groups five or six days per week and offered an adventurous day out every other Sunday. The activities every other Sunday included go-carting, gliding and speed boating.

**Requires improvement**



## Are services well-led?

We rated well-led as Inadequate because:

**Inadequate**



# Summary of findings

- The Care Quality Commission issued a warning notice due to immediate concerns about the safety of clients using the service. We required the provider to make significant improvements to the governance of the service by 21 December 2018.
- The provider agreed voluntarily not to take any further admissions until it had made the improvements to address the safety concerns.
- The governance arrangements were unclear and did not enable the provider to manage or monitor the quality of the service it delivered.
- There was no process in place to review key items including; incidents, complaints, safeguarding, training and supervision.
- Notifications about serious incidents and safeguarding concerns were not reported to external organisations as required.
- Safety and quality were not given significant consideration and priority. Risk assessments at all levels lacked detail and were not robust. These included; positive criminal disclosures, environmental risk assessments, client risk assessments, medicines risk assessments etc.
- There was minimal evidence of learning and reflective practice. The impact of service changes on the quality of care was not understood.
- Staff employment files were not well maintained. Contracts, roles, job descriptions and hours of work were not up-to-date.
- The provider did not audit its practice to improve the safety and quality of the service it provided to clients.
- The provider did not monitor client outcomes or the performance of the service.
- There was no framework for reviewing and updating policies and procedures. There was no record of staff having read and understood policies and procedures.

However:

- Leaders of the service described a passion for supporting people who used substance to recover.
- Staff spoke positively about the leadership within the service.

# Summary of findings

## Information about the service

Addiction Recovery Centre Portsmouth (ARC) is a residential drug and alcohol rehabilitation service, which also provides alcohol and drug detoxification treatment.

There is a treatment centre, which all clients attend Monday to Saturday for individual and group sessions.

Accommodation for clients is provided in one of their four houses.

One house is for female clients and the other three houses, for males. The provider transports clients by minibus between the locations at set times. Local authorities refer into the service. Clients can also refer themselves.

The accommodation is registered with the Care Quality Commission to provide the regulated activity of accommodation for persons who require treatment for substance misuse and the treatment centre is registered to provide treatment of disease, disorder or injury. There is a Registered Manager in place.

Treatment provided is abstinence based and the programme consists of an induction procedure, group treatment, key working, counselling and supported living. There is also community-based engagement in the form of self-help groups and meetings, weekend activities, aftercare packages and drug and alcohol testing.

This location was last inspected in October 2016 and told the provider it must make the following improvements:

- The provider must ensure that volunteers have the appropriate pre-employment checks including a disclosure and barring service report.
- The provider must ensure the safety of staff during one-to-one meetings by adopting an appropriate staff alarm system.
- The provider must ensure that all premises and equipment used by the service are clean and suitable for purpose for which they are being used. This includes the following: that handwashing facilities are available in the clinic room; that infection prevention and control policies are followed regarding the location of the toilet in the kitchen area and that the cleanliness of the toilets are maintained and a system to ensure regular checks are made is introduced.

At this inspection we found:

- That there were no volunteers in the service but that a paid employee did not have the appropriate pre-employment checks in place. The provider told us they would address this immediately.
- There were portable alarms in each interview room.
- There was now appropriate handwashing facilities and that cleanliness and infection control issues had been addressed.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one CQC inspection manager and a specialist advisor with experience of working in substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

# Summary of findings

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the treatment centre, looked at the quality of the environment and observed how staff were caring for clients;

- we visited all four houses which provided accommodation for clients during their treatment.
- spoke with six clients who were using or had used the service;
- spoke with the registered manager
- spoke with two other staff members
- received feedback about the service from two care coordinators
- spoke with an independent advocate;
- attended and observed one client group session which was attended by 14 clients
- looked at nine client care records
- looked at nine staff files
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

During and after the inspection we spoke with six clients in total. Clients told us they liked the staff and found them supportive. Clients told us they felt safe and knew who to contact in an emergency. Most clients said they felt involved in their care.

All six clients we spoke with were positive about staff interaction. Clients said they felt it was beneficial that staff had gone through recovery themselves and that they understood the challenges they faced. Clients said this benefitted them in terms of the support they received.

However, clients told us that they were concerned about staff looking at their personal mobile phones and having to provide consent to restrictions, care and payment whilst under the influence of drug or alcohol. Clients felt offended by some of the language and content of the service user guide.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure it provides safe services. This includes, providing safe detoxification, ensuring risk assessments are detailed and provide staff with clear actions to take to mitigate and manage risks, including unplanned discharges, staff are appropriately trained and competent to deliver care safely, medicines are managed safely, including risk assessing clients who self-medicate and that legionella testing is completed.
- The provider must ensure clients are safeguarded from abuse. Safeguarding concerns must be raised and reported appropriately. Staff must be up-to-date with training in safeguarding adults at risk and child protection.
- The provider must ensure that any restrictive interventions are proportionate and necessary and have a plan in place to regularly review them.
- Staff with positive criminal disclosures on the records must be risk assessed as safe to work with adults at risk.

# Summary of findings

- The provider must ensure that staff are trained appropriately to do their job.
- The provider must apply the Mental Capacity Act appropriately.
- The provider must ensure complaints are recorded, investigated and responded to appropriately.
- The provider must ensure that derogatory language when speaking with clients or in any documentation is not used.
- The provider must ensure that staff understand the need to respect the privacy of clients'.
- The provider must ensure there are clear systems and processes in place to effectively manage the services and assess, monitor and improve the quality and safety of the service.
- The provider must ensure it documents and investigates incidents and complaints appropriately and that learning from these is shared with staff and used to improve services.

- The provider must ensure notifications are submitted to external bodies, including CQC as required.

## Action the provider **SHOULD** take to improve

- The provider should have a clear roster in place detailing which staff will be covering additional shifts.
- The provider should ensure care plans are recovery orientated and include the management of medicines.
- The provider should ensure it delivers care and treatment in line with national guidance and best practice.
- The provider should ensure employment files are maintained to reflect staff's hours of work, contract and role.
- The provider should ensure there is a framework for reviewing and updating policies and procedures.

## Addiction Recovery Centres Limited

# Francis

### Detailed findings

#### Locations inspected

**Name of service (e.g. ward/unit/team)**

**Name of CQC registered location**

#### Mental Capacity Act and Deprivation of Liberty Safeguards

We were not assured that clients were appropriately consenting to care and treatment. Two clients told us they had signed documents when under the influence of drugs or alcohol and had witnessed other clients do the same. One client told us they were not given time to read and understand consent forms, they were just told to sign them. Another client told us they could not remember signing consent forms on admission because they were 'too out of it'. One policy we reviewed stated, 'client decisions

regarding certain issues, such as finances, were covered under the client agreement. Therefore, certain decisions did not require consideration under the Mental Capacity Act'. Staff were not trained in the Mental Capacity Act although staff who had completed the care certificate had a basic understanding. The provider informed us they would book all staff on to Mental Capacity Act training as soon as they had arranged this with the training provider.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

At our previous inspection in 2016, we found that there were no alarms in the interview rooms. At this inspection we found that portable alarms were now available in all interview rooms to summon assistance in an emergency. Staff had purchased portable alarms for every interview room. Staff could see clients in one of the four main treatment rooms.

Clients staying in the accommodation could contact staff in an emergency. All the houses had a poster displayed with three contact numbers for use in an emergency. Clients told us they knew how to contact staff out-of-hours.

The accommodations had fire blankets and extinguishers which were in date and serviced. Fire alarms and carbon monoxide alarms were present in all houses and there were fire exit signs. There were two first aid kits, however they were both out-of-date.

Risk assessments of the care environment were not up-to-date and contained a number of inaccuracies. Risk assessments of the accommodation where clients stayed stated there were no portable electrical appliances such as laptops and mobile phone chargers in the accommodation. This was inaccurate as clients were permitted to keep electrical items in the houses and there were numerous items plugged into sockets in every house. Staff had not completed a legionella risk assessment or carried out any checks for the presence of legionella. Staff told us they did not know this was something they had to do but told us they would put this in place.

At our last inspection in 2016 we observed that there was no facility for hand washing in the clinic room. A small hand basin had since been installed.

In the clinic room there was a defibrillator which was missing parts and was not in working order. The fridge temperatures in the clinic room were not consistently monitored. Throughout the building, there were three first aid boxes which were out-of-date. However, the first aid box in the clinic room was in date.

The premises were clean and tidy throughout the treatment centre. There was a cleaning signature list displayed in the downstairs toilet. Posters were displayed to remind staff and clients about hand hygiene. The furnishings were in good order, there were plenty of seats available for staff and clients both in the kitchen and in the group rooms.

### Safe staffing

The service employed ten staff in total. There were enough staff to provide one-to-one sessions and facilitate groups. However, there were no clinical staff to oversee detoxification and staff were not trained appropriately to supervise detoxification. The provider informed us that the staff team consisted of a director who designed the treatment programme, a registered manager, an operational manager, an admissions manager, three key workers, two support workers and a maintenance support worker. The service also contracted an external counsellor who provided ad-hoc counselling sessions to staff and clients. The provider told us there had been no sickness in the last twelve months and there were no staff vacancies. There was no staff roster in place to check absences from work. The provider told us three staff had left the service within the last 12 months, their positions had since all been filled. There was no bank or agency usage within the service.

At our previous inspection in 2016, we told the provider they should ensure people treated for alcohol detoxification were monitored safely and that this should be undertaken by staff who were appropriately qualified and trained to do so. At this inspection we found that there were no clinical staff to oversee detoxification and the staff that were overseeing detoxification were not adequately trained or assessed as competent to supervise detoxification. There was no staffing roster and so staff undertaking 'sleep-in' shifts to support clients receiving an alcohol detoxification were not planned or built into staff contracts. The provider had since introduced a 48-hour monitoring regime for clients receiving alcohol detoxification. However, the sleep-in shifts were not considered in a staffing roster and staff were requested to cover these shifts without any planning. We saw an example of this during our inspection, the service had to rely on the good will of staff to cover the sleep-in shift.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

Staff had no clear training plan. The training matrix was not up-to-date: it had ex-employees on it which made it difficult to understand who had and who had not completed training. All staff had completed or were working towards the care certificate. However, none of the staff were up-to-date with training courses such as: basic life support, safeguarding adults at risk, child protection, Mental Capacity Act and health and safety. Staff were not all working towards a diploma level two in health and social care which the company policy stated was essential. However, the registered manager had a level four diploma in leadership and management.

## Assessing and managing risk to clients and staff

Pre-admission assessments were not robust and staff sought either no or limited health-related information from the clients' GP so it was difficult for staff to decide whether clients met the providers exclusion criteria. Clients' risk assessments did not include thorough plans to manage risks and did not use a recognised risk assessment tool. We reviewed nine care records, none of these were detailed and they did not identify what staff should do in different risk circumstances, including emergency situations such as seizures or overdose or how to deal with clients if they exhibited behaviours related to a criminal past.

Relevant health concerns were not included in the planning of a number of clients' care as there was limited/no health-related information sought from their GPs. We were given inconsistent feedback from staff about whether a GP summary was always requested for all clients and we found these missing from the nine files we reviewed. This was not in line with guideline found in drug misuse and dependence: UK guidelines on clinical management. There were only three blood test results which demonstrated the clients' blood borne virus status out of nine of the files we reviewed.

Staff responded promptly to deterioration in clients' health. Records showed staff had acted appropriately in a recent emergency situation, accompanying a client to hospital and staying with them whilst they were treated.

Staff monitoring clients' detoxifications were not appropriately trained to do so. Detoxification withdrawal tools were not used to monitor clients' withdrawal from drugs or alcohol and no PRN medication was prescribed should the client require it. PRN is the administration of

prescribed medicine that is to be taken as required. The only clinical involvement was from the GP who prescribed the initial detoxification regime and had no further involvement unless there was a problem.

There were a number of blanket restrictions used in the service. Clients were not allowed a key to their accommodation, clients were not permitted to drive, clients had a curfew of 22.00 every evening. Clients were encouraged to focus on their recovery at the start of their stay and not to have visits with their families away from the accommodation while in treatment within the first six weeks should the client be a parent or guardian. Other visits away from the accommodation could take place after 12 weeks. Clients were not permitted to mix outside of the treatment centre with clients of the opposite gender. One client gave us an example that they requested to do some exercise with a member of the opposite gender, staff declined the request. Staff did not consider or document whether restrictive practices were necessary and proportionate. Some restrictions were detailed in the clients' handbook and clients signed that they agreed to these but staff did not review these and there was no plan to reduce restrictions.

## Safeguarding

Clients were potentially not safeguarded from abuse appropriately. We found that the provider had not reported incidents that reached the threshold of a safeguarding concern to the local authority safeguarding team as required. For example, drug overdoses had not been reported. Staff were not trained in safeguarding above the training offered as part of the care certificate. The safeguarding policy did not identify contact numbers or email addresses about how to make safeguarding referrals. Staff told us they would raise safeguarding concerns with the registered manager but the registered manager did not know what safeguarding concerns had to be reported. The safeguarding policy did not identify the registered manager as the person responsible for raising the concern. Staff had not received training on safeguarding adults at risk or child protection. Children were not permitted to visit the accommodation or the treatment centre, clients visits with children took place off-site in the community. The provider did not know staff needed this training but assured us they would book training for staff.

Of the six clients we spoke with, four said they felt safe, one said they felt safe at the treatment centre but less safe at



# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

the accommodation due to the location. Another client said they felt safe but this was because they had to rely on other clients and there was little support from staff in the houses.

## Staff access to essential information

Staff had access to an electronic and paper based record system. This allowed them to review clients care plans and risk assessments.

## Medicines management

Clients' medicines were not managed safely. Staff administered medicine to clients at the treatment centre. Some clients took the medicine away in a managed dosage box if they required further doses; the labelling on the managed dosage boxes was missing information relating to the amount of medicine inside. We raised this with the provider, they told us they would add the information to the labelling for all clients. Controlled drugs were sometimes administered from the treatment centre by one member of staff. Best practice would be to ensure there is a witness when administering controlled drugs to reduce potential administration errors.

Clients' medicines kept at the accommodation were not stored safely. Clients' bedrooms did not have locks on the doors and there was no lockable storage facilities for clients to store their medicines. When we visited the accommodation, we observed medicines were left out on the dining room table at two of the houses. The provider informed us after the inspection they would order lockable cabinets for each bedroom in the clients' accommodation. However, medicines in the clinic room at the treatment centre were kept in a locked room in a locked cabinet which was fixed to the wall.

Clients who were self-administering medication had no risk assessments in place. Risks relating to clients taking medicines in the accommodation were not assessed individually or as a group. Two staff managing and administering medicines had not undertaken up-to-date training and had not been assessed as competent to administer medicines. The same two staff members were the only staff permitted to keep control of the medicines keys.

## Track record on safety

The provider reported there had been no serious incidents within the last 12 months. However, we found that a client had been taken to hospital due to an emergency that should have been considered a serious incident and also should this should have been reported to the local safeguarding team and CQC. As the provider kept insufficient records it was not possible to see if there was any other such incidents.

## Reporting incidents and learning from when things go wrong

Staff did not always report incidents and there was no evidence that incidents were analysed or any learning was taken to reduce the risk of them happening again. The service had an incident tracking spreadsheet on their electronic recording system. Information contained within the tracking spreadsheet was brief. It did not contain any information relating to actions following incidents or any identified learning. The descriptions of incidents only described the nature of the incident and the date. There was no consideration of contacting the local authority (if the incident may meet the safeguarding threshold) or notifying the Care Quality Commission as required by regulation.

# Are services effective?

Inadequate 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

Assessments were completed on the first day of admission to the service. Clients referred by the NHS or the local authority had an assessment attached to the initial referral which supported the initial assessment. The admissions manager completed the assessments based on an interview with the client. A GP assessed each client who was accessing detoxification from alcohol or narcotics. If appropriate, the GP prescribed medicines for the client which were delivered to the treatment centre. However, GP summaries were not requested from the GP the client was registered with before commencing treatment. Therefore, staff did not have all the relevant physiological, mental health and risk information necessary to complete a full assessment.

Care plans were not recovery orientated. There were no short-term medium-term or long-term goals set for clients. Care plans were not holistic or person centred. Staff had not completed care plans relating to medicines management, physical health needs, psychological or social needs. Out of the nine client records we reviewed, three contained baseline blood results. However, the quality of urine screening was accurate and showed the gradual withdrawal of substances which were present in the clients' samples upon admission.

### Best practice in treatment and care

Addiction Recovery Centre did not use national guidance and best practice when providing detoxification to clients. There were two or three clients per week requiring detoxification who required residential detoxification. There was no clinical staff available to supervise clients going through detoxification; staff supervising clients were not trained to support clients. The only clinical involvement was from the GP who prescribed the initial detoxification regime and had no further involvement unless there was a problem.

The psychosocial treatment programme was not one recommended by the National Institute for Health and Care Excellence or delivered in accordance with national best practice. We were told the director designed the course programme which was advertised on the company website. However, we did not see any evidence that the director had received training or was competent to design a treatment programme for clients. The programme had not

been through any kind of quality assurance process or been accredited. Staff were not trained to deliver the therapies that the service advertised. The care and treatment interventions advertised on the company website and throughout the company literature described offering a range of therapies including; dialectical behaviour therapy, cognitive behaviour therapy and transactional analysis. Staff were not trained to deliver these specific therapies. We spoke with the provider about this at the time of inspection. The provider told us the therapies were 'an approach' that the service took. Advertising these treatments may have been misleading to commissioners and privately funded clients, the provider told us they would change the wording in their literature and on their website.

Staff did not refer to the drug misuse and dependence UK guidelines on clinical management as recommended by the National Institute for Health and Care Excellence.

There was a treatment timetable that had been designed by the director of the service. This included a range of group sessions, one-to-one sessions with keyworkers and three trips out to the gym per week. The effectiveness of these groups and one-to-one sessions were not being audited and had no research or validation underpinning them. However, clients told us they were benefiting from the groups and the peer support.

We observed one of the group therapy sessions. The group had 14 clients attending, clients were at different stages of their recovery, it appeared to be difficult for one group facilitator to respond therapeutically to the needs of the clients in such a large group. However, the facilitator was empathetic and understanding in his approach and appeared confident in his delivery of the session.

There was insufficient monitoring of clients' progress or progress within the service. There were no outcome measures in place to monitor clients' progress. Staff did not participate in any audits of service delivery.

Most clients we spoke with were positive about the help their key worker had provided. One client spoke positively about how their key worker supported them with benefits and accommodation in supported housing post discharge.

### Skilled staff to deliver care

There were no doctors or registered nurses employed at the service and staff were not trained or assessed as

# Are services effective?

Inadequate 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

competent to supervise detoxification. The team consisted of a director, a registered manager, an operational manager, an admissions manager, three key workers, two support workers, a maintenance support worker and a cleaner.

The only clinical involvement in client's care was from a GP who worked off site and didn't visit the service. Medicines were prescribed off-site at one of two GP practices. One GP practice offered detoxification prescribing and monitoring. Whilst the GPs were not on the specialist register with the General Medical Council, the first line prescribing doctor had certificates in substance misuse and alcohol misuse management.

There was an induction plan for all staff, however, the inductions that staff were completing did not match the provider's own policy. The staff training and induction policy required staff to complete an induction programme within the first twelve weeks of employment. This included; a number of topics which staff had to complete, we found no evidence that staff were completing the topics. For example, staff had to complete a number of health and safety topics such as moving and handling, health and safety, personal protective equipment. The policy also stated that staff must have or be studying for NVQ 2 in health and social care, we found no evidence that staff were signed up to this in the employment files or the training matrix. However, all staff completed the care certificate or were working towards it.

Staff received regular one-to-one supervision. All staff that had been in post long enough had an annual appraisal in place. There were no current concerns around staff performance. Staff had access to an external counsellor should they need it to discuss their own recoveries.

## **Multi-disciplinary and inter-agency team work**

Staff met daily to discuss the running of the day and any operational issues. Concerns were discussed along with any issues around client finances and staff were allocated to roles within the diary. Daily handovers of information appeared to be well communicated and effective. Staff also

attended a weekly meeting. We reviewed the minutes of these meetings from the last 12 weeks. The meeting minutes lacked oversight of any governance within the service. Key areas that we would expect to see in a staff meeting were not covered. For example, issues such as health and safety, safeguarding, incidents and accidents and complaints were not routinely discussed.

We had a mixed response from commissioners about communications around client progress from the provider. We spoke with three commissioners; two commissioners were happy with the care reviews and updates on the clients' progress; they felt staff communicated regularly and communicated reports on time. One commissioner felt the communication could have been better and a report they requested several times, when it eventually was received, was short, uninformative and offered no insight into the client's progress and future needs. However, they commented that staff were always helpful, honest and supportive.

## **Good practice in applying the MCA**

We were not assured that clients were appropriately consenting to care and treatment. Two clients told us they had either signed documents when under the influence of drugs or alcohol and had witnessed other clients do the same. One client told us they were not given time to read and understand consent forms, they were just told to sign them. Another client told us they could not remember signing consent forms on admission because they were 'too out of it'. One policy we reviewed stated that client decisions regarding certain issues such as finances, were covered under the client agreement and therefore, did not require consideration under the Mental Capacity Act; this was not in line with legislation. Staff were not trained in the Mental Capacity Act although they had some knowledge having completed the care certificate. The provider informed us they would book all staff on to Mental Capacity Act training as soon as they had arranged this with the training provider.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### **Kindness, privacy, dignity, respect, compassion and support**

All six clients we spoke with were positive about interactions with staff. Clients said they felt it was beneficial that staff had gone through recovery themselves and that they understood the challenges they faced. Clients said this benefitted in terms of the support they received.

The terminology used in some of the literature provided to clients, such as the service user guide and in one of the client records we reviewed did not demonstrate kindness, empathy, professionalism and was inappropriate. For example, in the service user guide, it had been documented that clients would receive an initiation ceremony where they would be 'debugged, tied naked to a lamppost and fed insects whilst blindfolded'. We spoke with clients about this who told us that reading this had made them uncomfortable but it had never happened to them. The provider told us this was meant to be humorous. We found other comments of a derogatory nature in the service user guide which used offensive language. In one client record, staff had documented that the client was behaving in a manipulative and deceptive way, this had been said to a client by one staff member and documented by a separate staff member.

Staff did not always maintain clients' privacy and dignity. Records showed that staff had requested to go through clients' personal mobile phones on one occasion. Records showed the clients had complied with this and given staff their phones to look through. However, this was not written into the client agreement form or any company policy and breached the clients' right to private life. Staff did not see any problem with looking through clients' phones.

### **Involvement in care**

Most clients felt involved in their care planning. Of the six clients we spoke with, one client said they did not receive their care plan and another said they were not sure. The remaining four clients all felt involved in their care planning which was discussed with their key worker during one-to-one sessions.

Typically, staff did not engage with clients' families. Staff told us most clients did not want their family involved in their care but they would email families with the clients' consent. If a client requested their family have a one-to-one session with the director then one or two sessions would be facilitated towards the end of treatment.

Clients could give feedback via the feedback box. Feedback and suggestions to the feedback box were kept anonymously and the service had started to analyse the results of the feedback. Results of feedback was put into a report and fed back to clients and staff. Some new furniture and crockery had been purchased as a result of feedback.

# Are services responsive to people's needs?

Requires improvement



By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

Referrals were accepted from either local authorities or clients self-referred and paid privately for their care. Initial assessments were completed on the telephone and where possible, these were followed up by a face-to-face assessment. At the time of our inspection there was one vacant bed for a female client and a four-week waiting list for male clients.

There was an alcohol and narcotic detoxification policy in place clearly outlining which referrals would be unsuitable. For example, clients with a diagnosis of Wernicke's encephalopathy (a condition which can cause confusion and can be triggered by prolonged alcohol misuse) or significant criminal histories would not be suitable to the service. Records showed that staff had declined some referrals that did not meet the services' admission criteria. However, screening was not robust as staff did not actively seek information from the GP or request detailed information about clients past medical or behavioural history and so we could not be assured that they only accepted clients that met the criteria.

Staff were unable to tell us what the average length of stay was as this was not monitored. We were told that clients referred by the local authority usually stayed up to ten days but privately funded clients would stay up to twelve weeks which was sometimes extended if the client felt they needed further support and input.

Staff ran groups five or six days per week and offered an adventurous day out every other Sunday. The activities every other Sunday included go-carting, gliding and speed boating.

Unplanned discharges were not always managed well. Of the seven client files there was no evidence of crisis planning, there was an over emphasis on contacting the director or registered manager in an emergency. This would not always be practical and did not empower staff to manage emergency situations. One record we reviewed showed a client had been discharged unexpectedly from the service. There was no explanation of when or why they were discharged and nothing in the records showing the process that was followed. However, the service

communicated well with commissioners about planned discharges. Clients attended a ceremony following graduation from the service. Staff brought food and soft drinks to celebrate with clients on their achievement.

### The facilities promote recovery, comfort, dignity and confidentiality

Clients had access to a range of rooms including a clinic room, therapy rooms and counselling rooms. Therapy rooms were soundproofed.

There was limited information provided about local services such as advocacy that clients could access, information about physical or mental health conditions or living a healthy lifestyle/well-being. Staff told us that clients often relocated to the area or received treatment from out of area and so they would not know what services were available in their local areas. Staff told us they did not have any leaflets about any religious groups. However, staff encouraged clients to attend religious services if they wished to. Staff told us there were local advocacy groups that clients could be referred to but no referrals had been made. Clients were encouraged to attend regular recovery groups and meetings locally to build positive recovery relationships. Clients' induction packages included information about two local recovery groups that clients could attend.

There was information about how to make a complaint in the client induction pack. All complaints were directed to the registered manager or the director. There was no information about how to contact the ombudsman or the local authority. Contact details for the Care Quality Commission were available.

The accommodation clients stayed in were comfortable. All houses had a shared living area and clients had separate bedrooms. All houses had outside space.

### Clients' engagement with the wider community

Clients were not encouraged to contact their families unless they had young children. Clients with young children met them in the community as children were not allowed to visit the houses. The director did meet with families on request towards the end of the clients' treatment programme but this was not routine practice. This was not written into the provider's treatment model and there was a lack of clarity about when this would be an appropriate intervention.

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

## **Meeting the needs of all people who use the service**

Due to the layout of the building, the service was unable to support clients with physical disabilities that affected their mobility as there was no disabled access. The provider told us that it would signpost the referrer to another local service if they needed specific facilities to manage their mobility.

Information leaflets were not available in other languages, staff told us there had not been any clients admitted to the service who did not speak English.

## **Listening to and learning from concerns and complaints**

Complaints were not always recorded and investigated and when they were, they were not handled with empathy and

compassion. Staff told us there had been one complaint in the last 12 months. However, we became aware of another complaint that had not been dealt with for seven weeks and was not recorded as a complaint. Within the one documented complaint there was reference to another complaint the client had made which we had not be made aware of. The complaints policy did not separate informal and formal complaints and did not provide any timescales for responses to complainants. The response to the one documented complaint lacked empathy and at times was accusatory and judgemental. This was not in line with the duty of candour. There was no evidence this complaint had been discussed with staff and learning shared at either the staff meeting or during supervision sessions.



# Are services well-led?

Inadequate 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

Leaders lacked an understanding of what was required to deliver a safe, good quality residential detoxification and therapy service and what was required to meet CQC regulations in delivering the service. However, they were passionate about wanting to deliver services to clients with substance misuse problems. Leaders were visible in the service. Staff felt supported by both the director and registered manager. Staff knew how to contact the director and registered manager and they were approachable to staff.

### Vision and strategy

The provider had not developed a formal vision for the service and did not have a strategy.

Staff felt proud about the service they provided to clients. Staff described a passion for supporting people to recover. Staff knew their own roles in relation to supporting clients to recover.

### Culture

Staff felt supported and valued in their roles. Staff said they would raise concerns if they had them and felt able to whistle-blow if required.

Staff turnover was low and the provider informed us staff sickness was low.

Staff had access to an external counsellor for support. Many of the staff were on their own addiction recovery journey and benefitted from being able to talk with a councillor about any issues they had.

### Governance

There were poor governance arrangements within the service. The provider had a limited overview of training, supervisions and appraisals, incidents, complaints and safeguarding. There was no clear framework of what must be discussed at a team meeting to ensure essential information such as learning from incidents and complaints was shared and discussed.

The provider did not have any means of recording and analysing the effectiveness of its service using outcome measures or performance indicators.

Staff did a basic check of medication in the treatment centre cupboard to ensure the quantity of medicines

matched what was on the medicines chart. When the quantity did not match and showed an error, there was no follow up action to this. For example, there was no evidence that staff had been checked as competent to administer or manage medicines and no documented evidence of discussion with the staff member administering the medicine when errors had been made. There were no other audits been completed.

Staff were not up-to-date with mandatory training. There was a list of training that staff had attended but no expiry or renewal dates. The training spread sheet included ex-employees.

Notifications about incidents and safeguarding concerns were not submitted to external bodies as required. For example, records showed that both the local authority and Care Quality Commission had not been notified about all notifiable events.

Job descriptions and staff contracts were not up-to-date. Staff that had previously been employed as volunteers had since been given paid employment but it was unclear from the staff files what roles staff had and how many hours they worked. There was no disclosure and barring service certificate in place for one member of staff. We raised this with the provider who told us they would make the application for this.

There was no framework for reviewing policies and procedures to ensure they were up-to-date and reflected current best practice and national guidance. There were no dates of publication on policies and procedures. There was no record that staff had read and understood policies and procedures.

### Management of risk, issues and performance

The management of risk issues was poor. The governance structures were not clearly defined. The provider was unable to locate information that we requested during the inspection to demonstrate how it maintained and monitored the safety of its services.

### Information management

Clients' records were kept safely and securely. Paper based records were locked in the main reception area, electronic clients' records were held on an online 'cloud' which staff could access using their personal log in.

The service ensured clients' confidentiality agreements were in place in relation to the sharing of information.

# Are services well-led?

Inadequate 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Managers did not have access to information to support them with their management role. Information on the performance of the service and staffing was not available.

## Engagement

Clients and staff could give feedback to the service. Clients and staff could access the confidential feedback box Staff could also feedback at the weekly team meetings or in their supervision sessions.

Clients and staff could meet with any of the management team to give feedback. Clients and staff felt the management team were approachable.

Staff generally communicated well with commissioners to provide information about clients' progress on the treatment programme. Although one commissioner informed us that the information provided was limited.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**How the regulation was not being met:**

The provider did not ensure that any restrictive interventions were proportionate and necessary and there was no plan in place to regularly review them.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

**How the regulation was not being met:**

The provider did not ensure clients privacy was respected.

This was a breach of regulation 10(2) (a)

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**How the regulation was not being met:**

The provider did not ensure that it the Mental Capacity Act when there was doubt about a client's capacity to consent to admission.

This was a breach of regulation 11 (1)

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

## Requirement notices

How the regulation was not being met:

The provider did not ensure incidents that met the safeguarding threshold were reported to the local authority.

This was a breach of regulation 13 (3)

The provider did not ensure that derogatory and offensive language when speaking with clients or in any documentation was not used.

This is a breach of regulation 13 (4)

### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

#### How this regulation was breached

The provider did not ensure that incidents were reported to CQC as required.

This was a breach of regulation 18 (2)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure detoxification was safe. It was not delivered in line with national guidance or by staff who were trained and competed to so.</p> <p>The provider did not ensure clients' risk assessments were detailed and thorough. These were not detailed and did not identify what staff should do in different risk circumstances, including emergency situations such as seizures or overdose.</p> <p>The provider did not ensure clients who were self-administering medication had appropriate risk assessments in place. Risks relating to clients taking medicines to the accommodation were not assessed individually or as a group. Relevant health concerns were not included in planning of a number of clients care as there was limited/no health-related information sought from their GPs.</p> <p>The provider had not undertaken risk assessments for those staff with positive criminal disclosures on their DBS certificates.</p> <p>The provider had not provided staff managing and administering medicines with up to date training and were competent to administer medicines.</p> <p>The provider had not ensured that staff had the qualifications and/or appropriate training to deliver the therapies they were being required to.</p>
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

## Enforcement actions

How the regulation was not being met:

The provider did not ensure it documents and investigates incidents and complaints appropriately and that learning from these is shared with staff and used to improve services.

The provider did not ensure notifications were submitted to external bodies as required.

The provider did not ensure there were clear systems and processes in place to effectively manage the services and assess, monitor and improve the quality and safety of the service.

This was a breach of regulation 17 (1) (2) (a) (b) (f)